Clinical Cases.

REPORTS OF CASES OF INSANITY FROM THE INSANE DEPARTMENT OF THE PHILADELPHIA HOSPITAL.

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Cases of Insanity Occurring at Puberty and Adolescence, with Remarks.[1]

That certain physiological periods—eras of development, of climax, or of decline—predispose to insanity of some form is almost universally admitted by those who have practical experience with the insane. Some of the classifications of insanity, those of Spitzka and Clouston, for instance, have types or classes of mental disease based upon this view. Spitzka, among his pure insanities, has two forms which he regards as attacking the individual in essential connection with the developmental or involutional periods, namely, insanity of pubescence or hebephrenia, and senile dementia. Clouston discusses an insanity, or rather, the insanities of puberty and adolescence, a climacteric insanity, and a senile insanity. Many difficulties beset the attempt to erect a typical form of insanity on such bases. One of these springs from the fact which is constantly impressing itself upon every working neurologist and alienist, that any and every form of mental disease may occur in each of these periods. This fact has led some to doubt and discredit such classifications. In old age, mania, melancholia, paranoia, epileptic insanity, paretic dementia, and other types of insanity are sometimes developed. At the climacteric period in women, so diverse are the forms of insanity which present themselves for investigation or treatment, that it is scarcely worth while to discuss the point. Considerable experience has, nevertheless, inclined me, not without hesitation, to accept the view that a special type of senile dementia exists which can be differentiated from other senile insanities; and I incline, but also

[1] These cases were shown and the remarks were made to the students of the Fourth-Year Course of the Medical Department of University of Pennvsylania.

with some hesitation, to the view of Clouston, that the climacteric period stamps certain peculiarities upon the mental disorder which develops in some cases, so as to give a recognizable type—a sub-acute psychosis with special features.

The hebephrenia of Hecker is certainly hard to differentiate from some mental disorders occurring at the period of puberty and adolescence, and equally easy to separate from other insanities occurring at the same period. Of the forms difficult to differentiate, katatonia and the masturbational insanity of Spitzka might be cited; of those comparatively easy to separate, delusional melancholia and common acute mania might be mentioned. I have seen not a few cases of profound melancholia, delusional and semi-stuporous, occurring between puberty and adolescence. Only a short time since, for example, I had in charge a young girl with typical melancholic depression, and delusions of pregnancy and of religious depression, who was also markedly suicidal, but who soon recovered on a tonic treatment with full feeding. A few years ago, a beautiful and intelligent girl of seventeen was sent to me from a distance. I feared that the case was one of ordinary hebephrenia, feared this because then the outlook would not have been good, many of these cases passing into a condition of dementia. This patient was excited, exhilarated, full of action, with, in short, the ordinary evidences of mania, combined with a tendency to a sort of romanticism or sentimentalism. In reading a novel she would transfer the characters in the book to persons in real life with whom she was acquainted. She was wanting, however, in other special features of typical insanity of pubescence. She recovered in a few months under treatment, conium having been the chief medicinal agent employed.

Before presenting a few illustrations of insanity occurring at the period of puberty and adolescence, it might be well to say a few words in a general way about this period. Can we distinguish, so far as special mental affections are concerned, between cases occurring at puberty and at adolescence? This, I think, is doubtful. Spitzka, in defining hebephrenia, speaks of it as "coinciding with or following the period of puberty," that is, practically as occurring at puberty or in adolescence. Puberty is the time when the procreative and reproductive powers are initiated; adolescence is the growing period immediately following puberty. The French law makes the period of puberty fourteen years in the male, and twelve years in the female. Adolescence, as commonly recognized, extends from fourteen years in the male, and from twelve in in the female, up to twenty-five in the male, and anywhere from twenty-one to twenty-five in the female. The French speak of pubescence, adolescence, and nubility. Nubility is the completion of adolescence; its means marriageability in the physiological sense; it is the culmination of adolescence. Hebephrenia is then practically the insanity either of puberty or adolescence. We do not see many cases of insanity at the age of twelve to fifteen years,

but we do see many between the ages of fourteen and twenty-five years, both in the male and female. If adolescence is divided into two stages, as it may properly be, more cases will probably be found to occur in the latter half.

Some of the cases now to be reported will be found to measure pretty well up to the description of hebephrenia which, according to Spitzka, is "characterized by mental enfeeblement, marked by a silly disposition, following a preliminary period of depression, which has the same tinge as, without the depth of, that characterizing melancholia." Others do not as well correspond to this description, and yet cannot well be otherwise classed.

CASE IX.—*Hebephrenia in the Female.*

Reported by Dr. Harriet Brooke, Assistant Physician.

J. H., aged 17 years, born in Ireland, a Roman Catholic, domestic, was admitted to the Hospital August 21st, 1886. She is of medium height, with dark brown hair and eyes. Her expression and manner are intelligent, and her head normal in conformation. She appears well nourished and is of sanguine temperament, very quick to resent anything that does not meet her approval; she can read and write. Her memory is good.

Her father is dead, and it is said that there was no insanity in his family. Her mother is living and well, but a maternal grandfather and aunt had been insane, and in her mother's family several members are said to have been markedly eccentric. She has six brothers and sisters. One of the latter was for a time insane, her insanity caused, it is supposed, by a disappointment in love.

The present attack commenced about three or four months before her admission to the Hospital, with symptoms of irritability and violence. She had no illusions, delusions, nor hallucinations, but at times became so violent that she would throw china, or any article within her reach, at any person who happened to be near. Her insanity was preceded by depression of spirits; the lady for whom she worked often found her crying alone. Her menstruation has not been regularly established; during the last three years she has menstruated but two or three times, and then but scantily.

As this young woman's insanity began when she was between fifteen and sixteen years old, it comes within the period at which hebephrenia most frequently occurs. She has many of the silly peculiarities, much of the sham emotion, and much of the changeability in manifestations, which mark this form of mental trouble.

Some of the entries made from time to time in the case-book of the Hospital will indicate better than many words the peculiarities of the case.

"September 7th, 1886.—She displays as yet no violent tendency, but will tease and annoy other patients. She is clean and neat in her habits, and in good physical condition.

"September 28th, 1886.—The patient was transferred to another ward, because of difficulty with other patients in the ward in which she was first placed. After her transfer, she succeeded in making her escape, but was brought back before she had gone far. After her return she became very violent, breaking the window glass with her closed fist, spitting at the nurses, and using the most threatening and abusive language. She had to be secluded and restrained.

"October 15th, 1886.—Her physical condition is good, but there is much moral disturbance; she is untruthful, dishonest, and treacherous." On October 21st, she was quite amiable and easily managed for a few days during the week, but was again violent last night. On November 21st, it was noted that she was in good physical condition and was growing stouter and stronger. She had menstruated this month. She was much more obedient, was quite gentle, and was very fond of reading. In December it was also noted that she was quite well behaved this last month and had been taken home by her family to spend the Christmas holidays.

"January 20th, 1887.—The patient had not been home more than a few days before her sister found it necessary to return her to the asylum, because she was so violent and difficult to get along with.

"February 12th, 1887.—The patient is remarkably well behaved, is quite industrious and helpful about the ward, and seems happier than at any time since she has been in the house.

"March 8th, 1887.—She is excited and threatening in manner.

"April 23d, 1887.—She has just recovered from an attack during which she has been violent and sullen, and destructive.

"June 19th, 1887.—The patient is now quiet, well behaved, and gentle in disposition and quite industrious."

CASE XX.—*Hebephrenia in the Female followed by Secondary Dementia.*

Reported by Dr. Harriet Brooke, Assistant Physician.

E. C., aged 27, white, single, a domestic, was admitted to the Hospital January 29th, 1887. She was a tall, slender, stoop-shouldered woman, with brown hair, blue eyes, clear complexion, and a not very intelligent expression. Her pulse and temperature were normal, her tongue clean, bowels constipated, and menses regular. Examination of the urine gave a negative result.

(This woman's insanity began twelve years ago, when she was between fifteen and sixteen years old, and it is for this reason that her case is considered here; she appears to be a case of hebephrenia, or the insanity of pubescence, which has now passed into mild secondary dementia, a not infrequent result.)

At times, since the beginning of her insanity, she has been

quite excitable, and even violent, and has often wandered from home. Her father is still living; her mother is dead, and she claims that her step-mother has treated her very unkindly. Charges of this kind, however, are frequent both among the insane and the sane, and all such accusations must be carefully investigated before they are accepted, when made by the insane.

The following are a few extracts from the Hospital records:

February 7th, 1887.—Her mind is feeble, but she is clean in her habits, industrious, and good-natured.

February 14th.—She shows no change from the previous week, except an increasing obstinacy that was not apparent during the first week.

February 21st.—She appears about the same, no change since the last record.

April 10th.—The patient cries at night without any apparent cause and in a hysterical manner. Her physical state is good.

May 24th.—The patient is about the same as last month. She continues to cry at night. Chloral is sometimes given her at bedtime, and occasionally a hypodermic of hyoscine.

June 19th.—Her physical condition is good. She sometimes cries in the daytime without any apparent cause, and in a few minutes will be found laughing immoderately at nothing.

Studying her mental condition, I find some dementia, but not advanced.

CASE XXI.—*Hebephrenia in the Male.*

Reported by Dr. Allen J. Smith, Assistant Physician.

H. M——, aged 18 years, white, single, born in Philadelphia, was admitted to the hospital December 22d, 1886. His parents are still living, and he has no family history of insanity or of any of the hereditary diseases.

Six months previous to his admission, he had an attack of intermittent fever. He denies venereal taint. He is not addicted to alcoholics, but smokes and chews to some extent. He admits masturbation, the practice extending over a number of years; his sexual organs are poorly developed.

On admission to the hospital, he was in a condition of apparently profound melancholia, with delusions of sinfulness. He would wander about and mutter: "God help me!" He made a pretense of searching for a knife with which to kill himself, but published the fact of his search about the ward. On two or three occasions, he has made ridiculous pretensions of committing suicide, but never going about it in a way that could possibly terminate fatally. He is quite bright and, if need be, very active; he has several times escaped from the institution by quite ingenious methods. Depression, while existing to a certain degree, is by no means so profound as would be supposed from first appearances, being readily cast off for a light-heartedness that seems also largely assumed. In speaking of his delusion of sin, he says "the condition

in which he is is the sin." For the most part, however, he must be closely questioned before he confesses to anything of this sort, and there is the possibility of it being assumed for a purpose. He will not look one in the face, and bears all over him the appearance of a masturbator. Since his admission, he has improved much physically as well as mentally. His mind, generally speaking, acted rather slowly on admission, but his memory was good. At present he is certainly brighter and more cheerful than before; but at times he shows an incoherence that used never to be noticed, and its existence is against a favorable prognosis.

The following is a report of a conversation between Dr. Mills and the patient:

Q. What are you chewing?

A. Chewing tobacco.

Q. You heard what the doctor said about you; are you insane?

A. Certainly I am.

Q. Are you much worried?

A. No, sir.

Q. Do you now think that you committed the unpardonable sin?

A. God knows whether I did or not.

Q. Do you think that you have?

A. I could not tell you.

Q. Do you sleep well?

A. Yes, sir.

Q. Were you ever in love?

A. No, sir, I work hard every day.

Q. Don't you think that hard work and being in love are consistent?

A. I could not tell.

Dr. Mills remarked that this case measured well up to the type of hebephrenia. One thing against this idea was the apparent existence of the definite delusion of having committed the unpardonable sin. The person who held such a delusion was more likely to be a true delusional melancholiac. The countenance of this patient was not that of a patient with melancholia. His delusions, if real, had not the solidity of melancholia. He exhibited a general silliness of behavior, and on several occasions had made pseudo-attempts at suicide. As a rule, these patients did not make genuine attempts at suicide. He also showed a tendency towards secondary dementia, rather than towards recovery.

CASE XXII.—*Hebephrenia in the Male.*

Reported by Dr. Allen J. Smith, Assistant Physician.

L. C——, aged 19, single, native of Philadelphia, broom-maker, with common-school education, was admitted to the hospital January 15th, 1885. He is a fair-complexioned, blue-eyed youth,

of medium build and delicate constitution. His family history shows some hereditary taint, a grand-uncle having died insane. His mother died of phthisis. He is an illegitimate child, and it is thought that brooding over his mother's wrongs had something to do with his mental disturbance. For several years he was regarded as queer and altered, but the active attack of insanity was quite recent at the time of admission. His eyesight failed him when a boy, and for many years he has been almost totally blind; he is unable to read any but the raised print of a few books intended for the use of the sightless. He has marked and constant nystagmus.

Throughout the course of his case, there has been constantly a religious tinge to his insanity. On admission, he proclaimed himself Melchizedek, and announced himself a chosen one of the Lord. This religious state has continued, with varying degree, all along, and still exists; and during the intervening time he has imagined himself various religious characters, as Nebuchadnezzar and Jesus Christ.

A specimen of his talk is as follows: "I am Nebuchadnezzar, the chosen prophet of the Lord. He speaks to me in thunder and out of clouds.—I should like to be a train master, standing in the depot at Harrisburg calling out, 'All aboard to Pittsburg and points in the West.'—I should like to cohabit with prostitutes, and become the father of illegitimate orphans."

Shortly after admission, he attempted suicide by some drug which he supposed was laudanum, but, fortunately, it was some harmless preparation. He is recorded as having made a marked improvement several months after admission to the hospital, but this was temporary. He is at present in much the same condition as at first, showing, however, some mental deterioration, a growing slowness in thought, and more incoherence. His delusions of personal identity are not so strong as described on admission.

The following report of a conversation between Dr. Mills and this youth serves very well to indicate the general mental condition of the patient:

Q. What is the matter, L——?

A. Nothing serious, except the Bible is a nuisance.

Q. What else?

A. It is a nuisance. They quote the Bible in the School for the Blind.

Q. Were you in the School for the Blind?

A. I was there. They are severe, but not intentionally; but it is open to question by mistake.

Q. I believe you said you were the Prophet Jeremiah?

A. I would rather be Jesus Christ.

Q. Why?

A. Because He is a healthier person.

A case of imbecility, J. C——, aged 16, was shown by Dr. Mills, as a contrast to the cases of hebephrenia, with the following remarks:

"This case can be dismissed in a few words. It is of most interest contrasted with the other cases. He comes to us for consideration at the present time, simply from the accident that he was admitted about the age of puberty. From his history, he has evidently been in this low mental condition since birth or infancy. The term imbecility is a proper one if used in a proper way. It is a mental disorder which can be traced back to birth. Practically, it is often nothing more than a high grade of idiocy."

Conversation between Dr. Mills and the patient:

Q. How old are you?
A. Three months.
Q. Where do you live?
A. Home.
Q. Where is your home?
A. Fourth street.
Q. What is this place?
A. Hospital.
Q. Who is this gentleman? (Indicating Dr. Smith.)
A. Dr. Weeks. (A former resident.)

In examining such a patient, we must test his memory, his judgment, his knowledge of surroundings, etc. It is sometimes highly important to decide whether a person is or is not an imbecile, and, in the second place, if an imbecile, of what grade of intelligence. In such a case, the patient should be tested by making him write, by asking him with reference to the value of money, etc., as follows:

Q. (To patient.) How much money are you worth? A. Three dollars.
Q. What are you going to do with your money? A. Buy something.
Q. Are you going to get married. A. Yes.
Q. Who are you going to marry? A. Beau.
Q. Who is your beau? A. Mary.
Q. Mary who? A. Mary Coe.
Q. Mary Coe? A. Coe.
Q. Again? A. Again.
Q. And again? A. Again. (Echo speech.)